

## **Committee: Cabinet**

**Date: 15 June 2020**

Wards: All

## **Subject: The Council's response to the Covid-19 Pandemic**

Lead officer: Ged Curran, Chief Executive

Lead member: Councillor Stephen Alambritis, Leader of the Council

Contact officer: John Dimmer, Head of Policy, Strategy and Partnerships and Catherine Dunn, Policy, Strategy and Partnerships Officer

Reasons for urgency: The Chair has approved the submission of this report as a matter of urgency to enable the Cabinet to be presented with the most up to date position in relation to the Council's response to the Covid-19 pandemic. As the government moves forward with its recovery plan, the situation has been fast-changing with regular policy announcements from government. An update will be given at the meeting of any subsequent announcements from government after the date of despatch for this report.

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### **Recommendations:**

- A. That Cabinet notes the steps taken by the Council in response to the Covid-19 Pandemic

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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. This report provides an update on the council's response to the Covid-19 pandemic, correct at the time of drafting on 12<sup>th</sup> June. The update covers the response over months of April and May up to early June and considers plans for the future, including recovery and renewal as the situation stands as of 12<sup>th</sup> June.

## **2 EMERGENCY PLANNING ARRANGEMENTS**

- 2.1. The decision by the Government to move into lockdown was announced on 23<sup>rd</sup> March which required the public to stay at home and avoid all but essential travel. This was enacted to control the spread of infection and reduce pressure on healthcare services. London is estimated to have reached the peak of infection in mid-April and has since seen a drop in infections and Covid-related deaths and a reduction in the R transmission rate over the last month.

- 2.2. Emergency Planning Arrangements have been in place in Merton since 17<sup>th</sup> March and remain in place. These arrangements involve a Bronze, Silver and Gold reporting structure which was established internally. The Bronze activity refers to the operational activity being carried out by departments to meet the changing and increasing demands on the service. The Silver role carries out the co-ordinating and tactical activity, particularly where there is a need for cross departmental support or a common approach to a particular problem. Gold takes a strategic approach both within the Council and as part of the Pan-London network.
- 2.3. A London Transition Board has now been established to oversee the transition out of lockdown and reopening of the economy. This will be co-chaired by the Mayor of London and Secretary of State for Housing, Communities and Local Government with representation from London boroughs and key strategic partners. This board sits alongside a London Recovery Board which has been established to coordinate and oversee the wider recovery response and strategic planning, which will be chaired by Cllr Peter John as the chair of London Councils.
- 2.4. The Council has now moved to completing situation reports (known as sitreps) to the London coordinating body on a weekly basis. These reports set out the current position against a range of key services such as housing, open spaces, recycling centres, community support and shielding. These sitreps are no longer risk rated and take the form of a series of position statements along with quantities where applicable. The Borough Emergency Control Centre remains operational in response on weekdays with exception reporting weekends. The Tactical Silver group meets twice weekly to consider operational reports from Bronze leads and reports up to London Gold Command and Corporate Management Team for matters requiring strategic direction and key decisions.
- 2.5. The redeployment of staff has proved effective in making use of staffing resources to support the emergency response and ensure continued delivery of critical services. There are currently 94 Merton staff who have been redeployed into other roles across the Council. Most of the redeployed staff are working on the shielding and food distribution projects. The Corporate Redeployment Group continues to work with individual directorates to ensure a supply of available staff to support cross council projects and Covid-related activity. There has been some support staff furloughed in our schools and nine Council employees furloughed, but we have not had confirmation that they have been accepted by HMRC. There will be careful planning in coordinating the reopening of services to ensure that delivery of Covid-related projects is supported. There is still a need for volunteer care workers which is being partly met by external recruitment and

a continued internal campaign to seek volunteers from the existing staff cohort.

- 2.6. Merton continues to take a lead role in the South West London Region as part of the sub-regional arrangements for strategic planning. Merton's Chief Executive is the lead (Gold) chief executive for this sub-region. Additionally, Merton has continued to engage with key professional networks on a London-wide basis, such as ADASS, ALDCS and Public Health, with Merton's corporate management team members playing key roles in these networks.
- 2.7. As government starts to ease lockdown, Silver group is playing a key role in considering the implementation of arrangements necessary to manage this in the context of both staff and the general public. The formulation of these arrangements sits with CMT and the recovery group is led by the recently appointed interim Head of Recovery.

### **3 SUPPORT FOR RESIDENTS**

- 3.1. One of the first actions taken by the Council was to work with the Merton Voluntary Services Council (MVSC) to set up a Community Response Hub. The Hub takes inward bound calls directly from residents, or via other voluntary sector organisations, requesting support with things such as shopping, dog walking and isolation. It is staffed by a combination of council staff redeployed from elsewhere in the Council, mainly from libraries. At the time of writing 1,414 individual contacts and subsequent referrals to the voluntary sector had been made with the Hub. The Hub is running in conjunction with Merton Mutual Aid, a network of local volunteers providing practical support in their respective neighbourhoods. The council is exploring with partners how we might expand this model to include more voluntary sector groups as part of the response arrangements and ensure the Hub is reaching out to our diverse communities. We are also looking at how to make this model sustainable in the long term.
- 3.2. Parking Services have been supporting the NHS, Car workers, NHS volunteers and Merton Voluntary Service Council (MVSC) volunteers, by providing free, unlimited parking in council car parks and in our on street parking bays. Virtual permits continue to be issued to all those providing essential services so they can get about the borough and park without delay.
- 3.3. Merton's long term investment in our partnerships has paid off at this critical time in terms of supporting collaborative working with partners across all sectors. Strong partnership working with the voluntary sector has helped mobilise the response to vulnerable residents at pace and effectively coordinate the provision of support at a critical time. Increasing social

capital and supporting communities to support themselves is a key theme of the new Community Plan agreed by the Merton Partnership. The plan and resources accompanying the plan are being updated with examples and lessons learned from the community response to the pandemic.

- 3.4. As Cabinet will be aware, the Government has established a shielding process whereby the NHS identified people who are clinically extremely vulnerable and at high risk of getting seriously ill from coronavirus (COVID-19). These people have been advised to should remain at home for 12 weeks. The Government has confirmed that shielding for this group will remain in place for the time being, as the virus continues to circulate. Councils have been given the responsibility of contacting residents in their areas who fall within this group in order to ascertain whether they require any assistance. The Government has set up direct food deliveries to any shielding resident who requires them but these packages are a standard offer and do not pick up on dietary or religious requirements. These requirements are met locally via the Community Response Hub. The government has also been working with shielding residents to ensure they have priority booking slots with the major supermarkets for online food orders and local assistance has included practical advice for residents as to how to get online and make orders.
- 3.5. Merton has been given the names of 6,959 people living in the borough and has set up a shielding hub in order to contact all the people on the list and provide them with assistance if required. All residents shielding have been contacted by phone. Where residents have not been able to be contacted by phone, home visits have been arranged. Around 11% (762) require ongoing support whilst shielding and are likely to continue to need support for some time afterwards. The Council has also established arrangements with community pharmacists to ensure that people can have their prescription medicines delivered to their homes. A coordinated voluntary offer means that residents have access to other support, such as taking food and other items into people's homes, cooking and dog walking.
- 3.6. Merton has four in-house day services, 3 of which closed in the middle of March in line with Government guidance. JMC in Mitcham has remained open to serve up to 15 people with a learning disability per day whose families are most in need of support with social distancing in place. Prior to closing down, attendance at all centres had dropped as families and individual customers decided the risks of attending were too high. During the closure period, staff have been supporting vulnerable adults through daily phone calls, online calls and group activities via Zoom and Skype, such as exercise classes and art groups. We have also sent art and learning materials to people's homes. With older customers from Eastway and those who formerly attended Woodlands (contract ended at the end of March), we have supported people where required with extra care calls and arranging

food and medicine deliveries. Day centre staff have liaised closely with social work and health teams throughout this period. Whilst guidance on social distancing and limited community openings remain in place, we are keeping the re-opening of day centres under close review and will liaise with customers and carers before any decisions are taken.

- 3.7. Since the onset of the pandemic Merton has successfully supported 52 rough sleepers to access emergency accommodation, 19 of these individuals have been placed via the GLA regional offer of accommodation. A number of these individuals are also accessing wrap around support for mental health, drug and alcohol issues. The outreach team continues to work with 8 individuals known to continue rough sleeping. The Minister for Rough Sleeping and Housing has written to local authorities, setting out the planning and next steps for accommodating and supporting people to move on from emergency accommodation, following the announcement of £433m of funding for accommodation for rough sleepers.
- 3.8. The Government also announced on 2 May the appointment of Dame Louise Casey to lead a Taskforce on the next phase of the Government's support for rough sleepers. As part of this work for this next phase, local authorities are asked to put in place a plan of support for all rough sleepers accommodated in hotels and other forms of emergency accommodation during the response to the pandemic. We have completed our draft plan for submission and a covering letter. The deadline for response with a draft plan is 11 June.
- 3.9. In endeavouring to support residents and local businesses who are suffering from the impact of Covid-19, the Council has adopted a range of measures to support the local community and businesses. These include:
- A commitment to ensure that, in most cases, essential service providers will continue to receive payment for services provided, despite the challenges faced in delivery.
  - Cash flow support for all service providers by the early payment of invoices (currently within 36 hours of receipt).
  - Changing from payment in arrears to payment in advance (e.g. payment of one month's supply of goods/service in advance/arrears to up a maximum of three months in advance).
  - Deferring the Council's first quarters' commercial rents and advancing the first quarter's income to the three Merton Bids.
  - Deferring council tax instalments for residents most in need.
  - Continuing the temporary suspension of Dunning and Bailiff activity. We are now about to recommence selected debt recovery measures applying a degree of sensitivity on outstanding debts.

- Suspending Leisure membership payments.

3.10. The Council has been successful in swiftly mobilising the payment of Business Support Grants for small and medium businesses affected by the Covid-19 crisis. Over 95% of the allocated funding has now been delivered to 95% of businesses, totalling £26.79 million. Merton has performed well on this measure compared against other local authorities across England according to official figures. Merton's £1.3m Discretionary Grant Fund application process for Phase 1 was launched on 10 June with a closing date of 24 June.

3.11. The council have set up a business help page on the Covid-19 response to signpost to Merton and government support for businesses and employees. The council has also awarded a grant of £20,000 to Merton Chamber of Commerce to provide localised business support, since lockdown in March. The programme includes targeted webinars for businesses to connect with officers for IAG, for example on re-opening premises safely. The Chamber will work with us to help with business recovery, providing local intelligence on business needs for forward planning and sending the message of Council support through newsletters and promotion.

3.12. The Council has launched a new borough-wide Covid-19 newsletter which is now the primary communications channel and has been sent to more than 76,000 email addresses across the borough. This newsletter is distributed every week and provides vital updates so that residents can be kept informed and engaged. This has seen a very strong open rate at 67% and positively feedback has been received directly from recipients with no unsubscribes.

#### **4 PERSONAL PROTECTIVE EQUIPMENT (PPE) AND MANAGING INFECTION CONTROL**

4.1. As has been widely reported in the media, there has been a nationwide problem in securing adequate stocks of PPE for staff working in settings where this is required. A prioritisation list for council staff was drawn up based on contemporaneous advice from Public Health England and, to date, it has been possible to source enough equipment to meet the high priority areas. This includes the provision of PPE sets to Merton schools by the Council as part of the preparations for the phased re-opening from 1 June. This work has been coordinated by staff in the Communities and Housing Department, supported by the Commercial Services Team, on behalf of the whole council.

4.2. Mutual aid arrangements for PPE Provision are in place with neighbouring boroughs and a strategic reserve has been coordinated through the London Gold arrangements. At the time of writing, officers have made use of this strategic reserve on four occasions to ensure adequate supply to meet the

urgent needs of approximately 70 social care providers across the borough. Providers are also supported on an 'as needs' basis from Council stock; on average around ten care homes and agencies per week have received emergency supplies. Daily updates on the supply of PPE are provided to Communities and Housing but this will be moved to weekly.

- 4.3. Officers have been exploring a variety of routes to maximise supply of PPE. As well as using the sources referred to above, direct contact was made with suppliers; orders have been placed but these are subject to availability. We have also explored the many offers which arrive in the council from a range of sources. A decision was taken in April to join other boroughs in the West London Alliance procurement scheme, and the first deliveries of face masks, aprons and hand sanitiser arrived late May. This route, plus some sourcing of a large number of gloves, has moved the Council to a position where we are able to continue to supply Council staff and the wider care system in Merton with more certainty.
- 4.4. The Secretary of State for Care has written to local authorities setting out a package of support for the care home sector, including additional national grant funding of £600m for managing infection control arrangements. 75% of the funding has been ring-fenced for care homes specifically. Each local authority Chief Executive is required to submit a letter to Government by the 29th May 2020, setting out how the various requirements in the national support plan are being delivered at a local level. The letter which was submitted to Government by the Council on 29th May is attached to this report as Appendix A.
- 4.5. Within Merton there are strong relationships between commissioners in the council, Merton CCG and our providers, with an established programme of work to integrate the local health and care system led by the Merton Health and Care Together Board (MHCT). As a formal sub-group of the MHCT Age-Well theme, a multi-agency Enhanced Support to Care Homes (ESCH) group was established in 2018 which includes senior care home representatives. The work coordinated by this group in the early stages of the pandemic meant that we were already very well placed at a local level to respond to the requirements of the national support arrangements as set out in the Minister's letter.
- 4.6. Merton's share of the national grant funding is £1.315million. The grant is payable in two equal tranches, with the first instalment being received by the council on the 27th May 2020. £493,000 is being distributed to each of the 37 care homes in the borough in line with the grant conditions. This represents 75% of this first tranche ring-fenced for care homes. Officers are working to determine how the remaining 25% of the first tranche of funding can best be used to support infection control arrangements across the care sector more broadly.

## 5 TEST, TRACK AND TRACE

- 5.1. Testing is now available for everybody with symptoms, including the under 5 years through the NHS portal. There is a dedicated DHSC portal, for all care homes. Following roll out to homes who support the over 65s, on the 7 June, the Government expanded eligibility for this service to all remaining adults care homes who will now be able to access whole care home testing through the digital portal. This means specialist adult care homes catering for adults with learning disabilities or mental health issues, physical disabilities, acquired brain injuries and other categories for younger adults under 65 years have the same access to testing for all staff and all residents whether symptomatic or asymptomatic.
- 5.2. Testing was originally limited to symptomatic essential workers but has now been made more widely available. It has been extended to include all symptomatic individuals and now includes children of all ages. It is still being recommended that individuals are tested within 72 hours of becoming symptomatic in order to get the best results. Testing is also allowed for asymptomatic care workers.
- 5.3. Essential workers who are symptomatic or those people they live with who are symptomatic will have priority testing over others and will Self-Refer for testing through the national testing portal. Staff and workers who are not considered essential workers can book a test through the NHS portal. Morden has been hosting the mobile testing unit for 2 consecutive days on an approximate 8-10 day cycle and on average is testing about 200 people per day. The mobile testing unit has been successful in supporting local access to tests for those living and working in Merton.
- 5.4. The NHS Test and Trace service was launched by the Government on 27th May and is a system which relies on public self-reporting. If someone experiences symptoms, they are required to self-isolate for seven days and order a test. If positive, the NHS Test and Trace service will contact them to ask about symptoms, household members and contact details of those they have been in close contact with, as well as recent visits to public settings (such as schools, GP). The service will make contact with the named contacts and ask them to self-isolate. If someone has support needs around self-isolation, such as food and medication delivery, they will be referred to the council. Cases can be referred to Public Health England London Coronavirus Response Centre (LCRC), if there is concern about a complex case, high risk location or possible outbreak.
- 5.5. As part of this approach, all local authorities are required to produce Local Outbreak Control Plans by the end of June. These plans are designed to clarify how local government works with the NHS Test and Trace service. The Director of Public Health and the Assistant Director of Public Protection are working across the council, with partners and the Cabinet lead to bring together the local plan for Merton, using the learning from the national and London local authority beacon sites. The government has identified the



following 7 priority actions for developing and implementing Local Outbreak Control Plans:

1. Planning for local outbreaks in care homes and schools
2. Planning for local outbreaks in other high-risk places, locations and communities
3. Identify methods for local testing to ensure response that is accessible to the entire population
4. Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid
5. Integrate national and local data and scenario planning through the Joint Biosecurity Centre Playbook
6. Supporting vulnerable local people, including to get help to self-isolate
7. Establish governance structures

## **6 STAFF WELFARE**

- 6.1. The Council has adapted quickly to move to remote working for staff with encouraging results. From the commencement of lockdown, the IT team worked to successfully enable some 1,200 staff to remain safe by working from home. The transition has also brought forward improvements to IT systems. A recent wellbeing staff pulse survey has confirmed that 86% of staff who are home working stated positively that they have been able to manage the new technology and have all the resources that they require to work effectively from home. Staff have also reported that the new arrangements have supported a good home-life balance.
- 6.2. The Civic Centre remains closed to the public and staff continue to work remotely. Planning is underway for a phased return to the building for some staff with strict social distancing measures in place. Risk assessment suggests that maximum occupancy will be 50%, possibly around 30% when accounting for those who would need to travel on public transport. Measures being put into place include a one-way system for the stairwell, lift capacity restriction, foot markers and changes to desk arrangements.
- 6.3. Whilst some staff have had to shield or self-isolate, a high proportion of these have been able to remain working. Overall sickness levels remain lower than normal. In order to support the health and wellbeing of staff during this period, the HR team have produced a number of guidance documents, provided additional support to staff through online learning and promoted activities to staff with a focus on supporting wellbeing.
- 6.4. New channels of internal communication have been established as part of the Covid response which includes daily staff bulletins, new intranet pages, live Q&A sessions by directors and the CEO, as well as weekly CEO messages to staff. These have seen extremely high rates of engagement with overall satisfaction with internal communications at 86% in a recent staff survey. The four All-Staff video Q&A sessions with the CEO have so far reached almost 1,000 staff with 100% approval rating from attendees.

## **7 MORTALITY PLANNING**

- 7.1. As of 22<sup>th</sup> May, official figures from ONS show a total 191 deaths in the borough from Covid with recent weeks continuing to see reductions in the number of deaths. The vast majority of Covid-related deaths have occurred in hospital. As of 31<sup>st</sup> May, 34 deaths from Covid have occurred in care homes and the situation is monitored daily by Public Health and Adult Social Care.
- 7.2. The arrangements for dealing with excess deaths in Merton are complex as the hospital mortuary service is run by St George's Hospital, responsibility for the crematoria lies with Wandsworth Council and Merton forms part of the Inner London West coronial area which also manages mortuary and storage facilities. The Council is directly responsible for the registration of deaths and runs the cemeteries through a contract with Id Verde.
- 7.3. A council mortality planning group has been established to coordinate all the strands of work and is liaising closely with colleagues elsewhere, including local funeral directors, to ensure that there is a joined up response and that an appropriate service can be given to the bereaved.

## **8 SOCIAL DISTANCING**

- 8.1. The borough's parks and open spaces have remained open which has allowed people to take exercise and get some fresh air. Recent changes to lockdown restrictions allow people to spend more time outdoors and greater use of outdoor spaces and parks with social distancing observed, such as sunbathing and some non-contact sports. The Council has engaged the Metropolitan Police to support the Police enforcement response in our parks and observance of social distancing. Overall compliance with the guidance has been reported as very good. Following our temporary closure of car parks in parks, we have now reopened these to allow residents to drive to our parks where appropriate and necessary.
- 8.2. The Regulatory Services Partnership [ RSP ] have been responsible for monitoring compliance with the new regulations which came into force on the 26<sup>th</sup> March and required the closure of non-essential retail and premises, other than a list of exempted premises. Since 26<sup>th</sup> March, Environmental Health, Licensing and Trading Standards Officers have been undertaking compliance checks to ensure that businesses are trading safely and are closed where the regulations require it. As of 29<sup>th</sup> May, officers had carried out 852 premises compliance checks and provided direct advice to 177 businesses. The service has taken a graduated and proportionate approach to enforcing the regulations with only four voluntary closures and one formal prohibition required.

- 8.3. Government have announced a Reopening the High Street Fund to support the reopening of non-essential retail from 15<sup>th</sup> June. We will be working with business to ensure this is used to support a sustainable return for businesses. The RSP have developed a business reactivation plan which identifies the risks that will be created regarding social distancing as businesses reopen. The Plan sets out how we will work with these High St businesses to ensure this can be done as safely as possible. It should though be noted that the responsibility for regulation and enforcement in this area is split between the Council, the Health and Safety Executive and the Police. This split has the potential to cause confusion in the eyes of the public and business and our approach will need to take this into account and manage the complexity.
- 8.4. The number of complaints and enquiries received by the service in the last three months has increased by 25% in comparison to last year with the increases relating to noise, nuisance and concerns around social distancing. With the easing of restrictions for non-essential retail pending, workplace enquiries and complaints are increasing with business seeking to understand how they can safely trade from the 15<sup>th</sup> June.
- 8.5. The Police and Councils have also seen a spike in ASB reports during the lockdown period, with a large percentage related to Covid and concerns around breaches as well as neighbour disputes. The Met police approach to breaches of Covid conditions, which has been followed by Merton also, is the 4E model –Educate, Engage, Encourage and Enforce. No Police fines have been issued on the BCU or within Merton for breach of Covid conditions and compliance in the BCU remains good.

## **9 MANAGING SAFE TRAVEL AND ENVIRONMENTAL SERVICES**

- 9.1. The Council has prepared an emergency transport response to the Coronavirus pandemic and to aid social distancing in the borough. The plan is focused on making changes to roads and pavements to improve road safety, support social distancing and provide more space for walking and cycling. Pavements will be extended into the road at some of the busiest parts of the borough, such as town centres and local shopping parades. The emergency changes will be followed by longer term work to improve walking and strategic cycling routes throughout the borough. The plans will also look to keep Merton moving safely as travel patterns change and restrictions ease. This plan was published on 7<sup>th</sup> May and engagement with stakeholders is ongoing. A separate report on the emergency transport measures is being taken to the Cabinet on 15<sup>th</sup> June.
- 9.2. Garth Road recycling site reopened on 13<sup>th</sup> May, following revised guidance from government. Measures have been put in place to enable the safe reopening of this facility with social distancing requirements in place for visitors and staff. A booking system has been set up to manage numbers

and queuing requirements effectively. The service is operating well and has received positive feedback from users directly and on social media. Street cleansing and refuse collection services have continued to operate during this time by adapting to ensure social distancing and a secure workplace for staff.

## **10 SCHOOLS AND PROTECTING VULNERABLE CHILDREN**

- 10.1. The Council has worked closely with Merton schools to ensure that vulnerable children and the children of key workers can continue to be provided for. Since the Easter holidays there has been a steady increase in the numbers of children attending Merton schools. 290 children attended on 15 April rising to 834 by 20 May, prior to the Whitsun half-term break. Since the wider reopening of primary schools to full year groups was permitted with effect from 1 June onwards, the numbers have continued to rise, with 2837 pupils reported as attending school on Tuesday 9 June 2020. Children, Schools and Families continue to promote the attendance of vulnerable children and are ensuring that those who are not attending schools are being safeguarded. Referrals to the MASH (multi-agency safeguarding hub) are returning to previous levels but are expected to rise further as schools reopen and children are more visible to professionals and the public.
- 10.2. The government announced on 11<sup>th</sup> May their intention for schools to reopen to a wider range of pupils from 1 June onwards and have published guidance to help local areas prepare for reopening to Reception, Year 1 and Year 6, as well as nurseries and other early years. The Education Division have been working closely with Merton schools and early years settings to support them in their risk assessments and preparations for re-opening to some children from 1st June. In week beginning 1 June, 66% Merton Year 6 classes reopened to pupils, as did 54% Year 1 classes, 41% reception classes and 34% nursery classes. 12 Merton schools were in a position to reopen to all priority year groups. Wider opening is taking place in weeks beginning 8 and 15 June. Secondary schools will be welcoming children from Years 10 and 12 for limited face-to-face time in school from 15 June onwards. Government has since accepted that not all primary year groups will go back before the end of term.
- 10.3. Essential social work visits to children where there are safeguarding or family breakdown risks are continuing and managers have completed risk reviews for all children with a social worker to determine the type and frequency of social work visits to ensure children are safeguarded. Social workers are using virtual technologies to keep in touch with children and families where a visit is not essential. The children's social care critical operating model, which was established to enable the service to prioritise safeguarding needs in the event of significant loss of staff capacity due to coronavirus, will be stood down for the foreseeable future, as the service is

well staffed. It has demonstrated its efficacy and can be reintroduced promptly should the need arise.

- 10.4. Due to the impact of the regulatory restrictions, there are delays in the completion of specialist assessments and progression of court hearings for children in care proceedings. Children's Social Care have been working closely with local colleagues in Her Majesty's Court Service and CAFCASS to reduce the impact of these delays on securing permanent care arrangements for these children.

## **11 RECOVERY, RENEWAL AND REOPENING**

- 11.1. The Government published its roadmap on 11<sup>th</sup> May for moving to the next stage in the Covid-19 response and phasing the lifting of lockdown and reopening of the economy. This includes the reopening of non-essential businesses from 15 June and the phased reopening of schools starting in June, as well as relaxation of restrictions on movement and use of public spaces. Departments have been working to respond to and plan for these changes, as they develop in the weeks ahead. The council is aiming to reopen services from 13 July 2020, however this is dependent on the latest government guidance. It should be noted that some services may not be able to fully re-open and there may, depending on the nature of the service, be the need for a phased approach to reopening
- 11.2. As part of wider recovery planning, Departments have started planning for their service areas using a recovery template as an approach to capture key learnings for the short, medium and long term: what should be kept, what should stop, what is working well and should be retain, and what should be reinvented. In addition, we are undertaking a piece of qualitative research with staff and partners looking at lessons learned and how we might improve how we deliver services in future. There are some potentially significant opportunities to embed service improvements, particularly around digital technologies to redesign services and how the council operates (e.g. continuing with remote working). An exercise is underway to gather these initiatives into a single improvement programme for the council.
- 11.3. Evidence outlined in a recent report published by Public Health England on 2<sup>nd</sup> June on factors affecting health outcomes has shown that the pandemic has had a disproportionate impact on older people, men, those living in deprived communities and BAME groups. The report confirms that there are higher levels of diagnosis and mortality among the BAME population. The report suggests that a combination of factors are behind this disproportionality. These include deprivation, existing inequalities including housing, a higher proportion of BAME working in key working sectors, and higher levels of certain comorbidities in some ethnic groups. In Merton, the Health and Wellbeing Board is working closely with the Merton community to better understand the disproportionate health impact from a local perspective on vulnerable groups and what actions can be taken on a local level. This will include work with the local voluntary sector to capture 'lived

experience' as well as detailed analysis of the local data. The initial focus will be to look at the impact on Merton's BAME communities and then rolling out to cover older people and learning disabilities/autism. Work is also underway internally, including re-establishing the council's BAME staff forum.

11.4. In terms of library and museum services, current government guidance suggests that these services will reopen in some form in stage 3 of lockdown recovery plans in July 2020. Based on current guidance, the Council's library service is working on a flexible model of service that can adapted to respond to any future challenges. As part of recovery, opening hours at some sites may be adapted to support social distancing and ensure adequate staffing is in place. The service will continue to develop and enhance its online offer, which seen significant increases in use over the last few months. No physical adult learning classes have taken place since lockdown and are unlikely to begin again until the next academic year with online provision in the interim.

11.5. Leisure centres remain closed since March in line with others across the country. We are working closely with GLL on their recovery planning and we have followed Government guidance in providing financial support in the form of a recoverable grant. GLL are now working with us on their Recovery and reactivation plan. Subject to Government announcements they expect to open in July. However, this is expected to be a reduced leisure offer dictated by social distancing and they anticipate the need to have further financial support for some months to come as they work towards normal service. Members will want to consider this financial support alongside other demands as the picture becomes clearer.

## **12 GOVERNANCE**

12.1. At the time of writing most Member level decision making meetings have resumed via Zoom, with only the annual Council meeting remaining postponed until the Autumn (see paragraph 13.2 below). The Planning Application Committee is also taking place via Zoom and residents have been able to address the committee. A streamlined programme of scrutiny meetings had been planned, and there will be a report to the June meeting of the Commission with proposals for restarting the scrutiny panels virtually. It is also planned to hold a virtual full Council meeting on 8 July 2020

## **13 TIMETABLE**

13.1. The Meetings Regulations allow remote participation in meetings until 7 May 2021 so as the law currently stands, if the movement restrictions are lifted, it

would be possible to resume physical meetings but still have a facility to dial in remotely for those members who are shielded or self-isolating.

### Annual Council

- 13.2. Among other things, the Meetings Regulations remove the statutory requirement for an annual council meeting and provide that any appointments which would normally fall to be made at the annual meeting, will continue until the next annual meeting of the authority or until such time as the Council may determine.
- 13.3. Accordingly, it has been agreed that the annual council meeting scheduled for 20 May be postponed until September. The format the meeting will take, be it virtual or physical, will be determined by the Government guidance at the time on social gatherings. In those circumstances, the current Mayor, Councillor Janice Howard and her deputy, Councillor Edward Foley, will remain in post until their successors are appointed, as will the current members of the committees.

## 14 FINANCIAL IMPLICATIONS

- 14.1. Government has allocated a range of funds to Councils to enable them to support their local residents and business community. A summary of the funding received to date as of 27<sup>th</sup> May is shown in the table below, together with progress in allocating these funds:

Support	National Allocation	LBM Allocation/Cost	LBM Funds Allocated <i>27/5/20</i>	Comments
	£bn's	£m's	£m's	
Support for LA's	3.200	10.559	Fully Allocated	*Current estimate of Covid costs plus lost income in excess of £46m.
S31 Business rates relief	1.800	3.471		Fully received
Council Tax Hardship Fund	0.500	1.480	0.550	£200 award credited to council tax accounts beginning of May. Over £550,000 awarded. £170,000

				to be awarded to claimants in receipt of tax credits in June  Review by 4 June 20. We are currently reviewing approximately 700 new claimants.
Business support grant		29.318	26.790	<i>Over 95% of funding paid (£26.790m) – 95% of businesses paid–</i>
Business rates holiday		N/K	Fully Allocated	Over £43 million in extended retail reliefs and nursery reliefs granted
Business Discretionary grants		1.3	None	Discretionary scheme live from 10 June for applications
Adult Social Care Infection Control Fund grant	0.6	1.3	None	Two tranches. First on 27 May (£657k) and second in July 20. 75% of first tranche due out W/C 8 June.
Track and Test Monies	0.3	0.965	None	Payable in June
Local Welfare Assistance Fund	0.063	Not known at this stage		

- 14.2. We are continuing to monitor and assess the additional costs and lost income experienced by the Council as a result of Covid -19. The Council is experiencing extra Service pressures, particularly in Adult services, and is also experiencing significant losses in income, particularly in areas like car parking and Leisure.
- 14.3. We have recently provided our current best estimates of extra costs and lost income to MHCLG and will continue to press for additional support to enable



the Council to provide adequate support to our residents and business community. Members will note that we are still working on these figures as new issues emerge and the length of the lock down becomes clearer.

A summary of the financial impact of Covid-19 on the council's resources recently reported to MHCLG is provided below. This is adjusted for Merton's share of Council Tax and Business Rates, but not for any impact arising from the Business Rates Pool:

	£1m
Additional service expenditure	8
Shortfall in savings/projects delays	10
Council Tax & Business Rates Shortfall	14
Loss of income	14
<b>Total</b>	<b>46</b>
Less Grant received from Government to date	11
<b>Net cost to the Council</b>	<b>35</b>

London Councils have produced some comparative data from the returns which were sent to MHCLG which show total impact, additional spending and lost income for each of the London Boroughs. These are attached as Appendix B.

## **15 LEGAL AND STATUTORY IMPLICATIONS**

- 15.1. The legal implications relating to this report are considered in the body of the report.

## **16 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

- 16.1. The work being done with the voluntary sector to provide a coherent response to the current crisis and the strong sense of community which already exists in Merton has meant that there have been no reported community tensions. Work is ongoing with faith groups locally and nationally and attention is being paid to the need to have regard to cultural practices in funeral arrangements wherever possible while complying with the advice on infection control.
- 16.2. Officers are aware that introducing remote meetings could in theory mean that those people without access to information technology or who have

difficulty in understanding a webcast are less able to access those meetings than others. In drawing up the guides referred to above, measures to mitigate the impact of the arrangements on people with communication difficulties will be included where possible, whilst noting that it would not currently be lawful to allow members of the public to attend physical meetings.

## **17 CRIME AND DISORDER IMPLICATIONS**

- 17.1. As always, the Council is working closely with its partners in the Metropolitan Police Force to ensure that there is a joined up response to crime and community safety issues. They report that crime levels have dropped and although other parts of the country have reported steep rises in levels of domestic abuse, Merton, in common with most of the rest of London, has not. A plan has developed to maximise communication and routes for accessing domestic abuse support so victims can access help, as other countries have seen increases in domestic abuse following the lifting of lockdown restriction

## **18 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

- 18.1. As stated in the report, the Council has been able to respond positively to the coronavirus crisis and core and critical services are proving to be resilient. The biggest concern at present has been in relation to the provision of PPE and this is being kept under close review locally and at regional and national level.

**CHIEF EXECUTIVE'S DEPARTMENT**  
Ged Curran – Chief Executive

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*Date:* 29 May 2020



MHCLG

[CareandReform2@communities.gov.uk](mailto:CareandReform2@communities.gov.uk)

Dear Minister of State for Care

**Support for care homes**

I am writing in response to your letter of 14 May 2020 requesting a short overview of our current activity and forward plan in respect of support to care homes in Merton. The completed care home support template is appended to this letter. To enable review against your expectations I have structured this letter in line with the bullets points in the Minister's letter.

The content of this response has been agreed by James Blythe, Locality Executive Director: Merton and Wandsworth and by Julie Hesketh, Director of Quality and Governance: Merton and Wandsworth (Chief Nurse), both of NHS South West London CCG.

**Our regional response**

COVID-19 has provided an unprecedented challenge to adult social care. The challenge has been significant in London due to early and rapid spread of the virus,

## APPENDIX A: CARE HOME SUPPORT PLAN

local patterns of deprivation, high levels of air pollution and the high proportion of ethnic minority populations in most London boroughs.

Across the Capital, London local authorities responded to the challenge and our responsibilities under the Civil Contingencies Act by working together as London ADASS and Chief Executives, alongside NHS partners, to identify issues, galvanise responses and lead several pan-London initiatives. We brought our co-ordinated response together through the Strategic Co-ordination Group and joint governance with NHS London.

Using data and evidence we developed a comprehensive understanding of the London adult social care markets (home care and care homes) during the spread of COVID-19. Our commissioners used this as a key part of their daily interaction to support providers. It has underpinned and strengthened relationships with providers locally and provided information on care homes across borough boundaries, which has streamlined the work and reduced the burden on providers. Since mid-March this has supported local operational responses: prioritising active delivery of PPE, ensuring appropriate staffing levels and providing Public Health infection control advice and support.

Being alert to emerging issues in system which led to care home challenges and our early response (we started reporting care home deaths and COVID cases from 23 March) allowed action to be taken to respond in London and provided early warning nationally via the SCG of issues that would develop across the country.

A summary of the work across London and issues for the future are captured in ***Appendix A***.

### **Joint work to ensure care market resilience and infection control**

In Merton there are strong relationships between commissioners in the council, Merton CCG and our providers, with an established programme of work to integrate the local health and care system led by the Merton Health and Care Together Board (MHCT). As a formal sub-group of the MHCT Age-Well theme, a multi-agency Enhanced Support to Care Homes (ESCH) group was established in 2018 which included senior care home representatives. This has enabled Merton to implement early the national requirements for enhanced support to care homes announced on 1 May 2020.

At the early stages of COVID-19, Merton's Enhanced Support to Care Home Group scaled up our response and capacity led by the GP clinical lead and a consultant in Public Health. The group have overseen the development of an action plan, which integrates the response of all partners across the system including care home representatives. This plan is kept under continuing review by the group to ensure that it

## APPENDIX A: CARE HOME SUPPORT PLAN

remains fit for purpose in the context of the evolving nature of the challenges faced by our care homes as the pandemic progresses.

We are now delivering the nationally mandated IPC training across all care homes in Merton. The first phase delivered an opportunity to senior care home representatives to participate in training webinars, with most sessions already completed. Phase two will deliver safe face-to-face training sessions for all care home staff that covers key IPC areas including safe use of PPE. In South West London, we have added content on swabbing to support testing into the training programme as a direct response to feedback from care home managers. Where appropriate, these training sessions are being personalised to the needs of residents in each home.

We use data collection and intelligence through the Market Insight Tool (MIT), the daily Market Intelligence Reports populated from the MIT and a local public health dashboard to proactively monitor and anticipate care home support needs. This data is supplemented by soft intelligence captured through regular direct contact with care home managers.

In Merton, to enable us to respond to suspected outbreaks of infection across care homes, we have set up a 7-day single point of contact. The response team consists of a senior community nurse, a social worker and a Public Health specialist. We hold same-day incident management meetings with senior managers when a new outbreak occurs and share lessons learnt as part of the process. A national strategy for the implementation of test, track, trace and isolate will enhance the local work already undertaken.

At the beginning of the testing programme, we and our local providers found the approach to testing difficult to understand and access. We worked closely with our care homes to find our way through the national testing approach. Although the testing programme has moved forward for care homes for older people and their staff with the implementation of the national portal system, challenges remain both in the length of time from requesting to delivery of tests to care homes and the timeliness of results being reported back to the care home. A national strategy on testing and re-testing for all care homes to include our learning disability and mental health care providers is critical and must include accurate and timely data on the level of testing in care homes.

At the time of writing this letter, we are pleased to report that a very high proportion of our care home providers have adequate supplies of PPE. Since the beginning of the pandemic, London Borough of Merton have provided over 154,000 items of PPE at nil cost to providers. We recently placed an order for 2.6 million items of PPE via a London-wide commissioning approach to support our staff and local providers. Notwithstanding the proactive local work to ensure adequate supply to our providers from the beginning and throughout the pandemic, the rapid roll out of the new national supply arrangements remains critical for social care and to provide assurance to care homes that reliable and affordable supply lines can be re-established.

## APPENDIX A: CARE HOME SUPPORT PLAN

We continue to monitor stock levels in each home through both the MIT and our regular contact with care homes. Where there is an urgent need, supplies are ordinarily delivered to homes within 24 hours of the request being made and often on the same day.

We commend our local care workforce for their resilience and dedication in continuing to deliver good quality care despite the challenges. As part of the daily review of the 'state of the market', we review workforce capacity. We have contingency plans in place through our enhanced in-house Reablement team and a register of our registered managers in case of a sudden depletion of staff in a specific home.

We have an established set of arrangements for GP and clinical support for older people care homes, which has been enhanced during this period to include learning disability and mental health.

### **System's collective level of confidence**

There is a high degree of confidence among partners across the local system in delivering a programme of enhanced support to care homes. As outlined previously in this letter, a national approach to developing strategies for both maintaining PPE supply and ongoing testing in care homes would further enhance local system confidence.

We are also fully engaged with those aspects of care home support which are co-ordinated at the Integrated Care System level (South West London). An agreement has been reached for mutual aid with the NHS across SWL for testing should the national care homes portal not be operational. Arrangements to ensure safe hospital discharge for Merton are also being co-ordinated at this level as the Merton population is served by a number of local acute hospitals. Arrangements to offer volunteers and clinical returnees to care homes also operate on this level as described below.

Senior council officers hold weekly meetings with the lead Cabinet Member for Adult Social Care, Health & Environment and Chair of the Merton Health and Wellbeing Board. At the June meeting of the Health and Wellbeing Board the care home support plan will be presented. The Chair of the Adults Safeguarding Board has been kept informed of this work. On 28 May an extraordinary meeting of the Safeguarding Adults Board was held and the plan was discussed and endorsed. Healthwatch partners are members of both the Health and Wellbeing Board and the Safeguarding Adults Board. Further community engagement on our plan will take place through the CCG Patient Engagement Group and the Local Care Home Forum organised by Dignity in Care. In due course, the plan will be considered by the Healthier Communities and Older People Overview and Scrutiny Panel.

### **Approach to short-term financial pressures**

London Borough of Merton agreed an uplift in its fees for adult social care prior to the start of the financial year that addresses the uplift in the national minimum wage. The home care rate was increased by 5.78% and care home and other care provider fees by 3.7%. The 3.7% offered to care homes and other care providers was calculated with reference to what we would expect payroll costs to be as a proportion of overall costs in order to ensure that the increase in National Living Wage was covered.

We have worked closely with SWL NHS colleagues to ensure that the backdated Funded Nursing Care award for 2019/20 is paid to nursing care homes as quickly as possible, to further support cash flow for those homes.

We maintain oversight of the sustainability of the local care market and again use the ADASS Market Insight Tool, close liaison with CQC and local intelligence to facilitate this.

We welcome the two tranches of funding provided to local authorities to support us during the COVID-19 crisis to help maintain all of our services including social care. However, it would be helpful if it were made consistently clear this funding was to support all council services not solely adult social care.

We agreed an approach, in line with LGA/ADASS guidance to support the local market financially. To date we have committed in excess of £1m support to providers, including having made £210k in cash payments to date, in response to requests received from providers. We have sourced and procured in excess of £800k of PPE for distribution directly to providers at nil cost. Moving forward, we will not be in a position to afford to repeat this exercise without further funding. In the absence of further funding, it is essential, as noted above, that all social care providers have direct access to the national supply and distribution line.

We have invested £335k in additional reablement capacity to support the system, and to provide assurance that we can deploy staffing resources rapidly were a care home to experience an unexpected drop in staffing capacity.

Our allocation of the national infection control fund is £1.3m. £986k in payments to care homes from the infection control funding, at a rate of £1,067 per registered care bed in Merton, is already committed. This is in line with the guidance to commit a minimum of 75% directly to care homes. Having only just received the grant conditions, further consideration is required on the most effective use of the remaining 25% to support infection control across the wider local care system.

## APPENDIX A: CARE HOME SUPPORT PLAN

Moving forward as a health and care system, we will need to work together to review the care market, post COVID-19, in Merton, to ensure sustainability and our shared ability to meet the changing needs of our population. A long-term solution to the future funding of adult social care is urgently required.

### **Alternative accommodation**

In response to demand and capacity modelling, undertaken by Carnell Farrar with the NHS, at the outset of COVID-19, we secured additional community bed capacity to manage expected demand and to support the system. We have an integrated approach to coordination of discharges to community beds and this has worked very well throughout the period of the pandemic thus far. To date, we have continued to have capacity in the borough throughout the crisis.

In our next phase of surge planning, having undertaken further demand and capacity modelling with the NHS, we will continue to work with health colleagues and providers at both local and system level to ensure continued access to community bed based care both to meet any future surges in activity and to ensure that suitable isolation arrangements can be put in place for all individuals being discharged from hospital.

### **Local co-ordination for returning clinical staff and volunteers**

Thus far, staff absences in Merton care homes have been of a manageable level. Merton has engaged proactively with the Proud to Care initiative for the social care workforce. We have an extensive cohort of local volunteers that have been supporting those who are currently shielding and residents accessing our Community Response Hub. In addition various workforce schemes for care homes have been coordinated at a SWL system level. These include:

- **Prince's Trust workforce project:** Provides care homes a pool of ready candidates for virtual interviews, for positions including Health Care Assistant roles, volunteer roles, manager roles, administrative roles, kitchen staff, cleaning staff and potentially any other vacancies care homes have.
- **London Workforce Hub:** A scheme which can fast-track healthcare professional roles (e.g. nurses) into care homes where required.
- **Allied Health Professionals (AHP) Hub:** A scheme which can fast-track AHP roles (e.g. psychologists, occupational therapists, and physiotherapists/rehabilitation staff) into care homes where required.

For all schemes, staff are available for permanent, short term or bank roles.



## APPENDIX A: CARE HOME SUPPORT PLAN

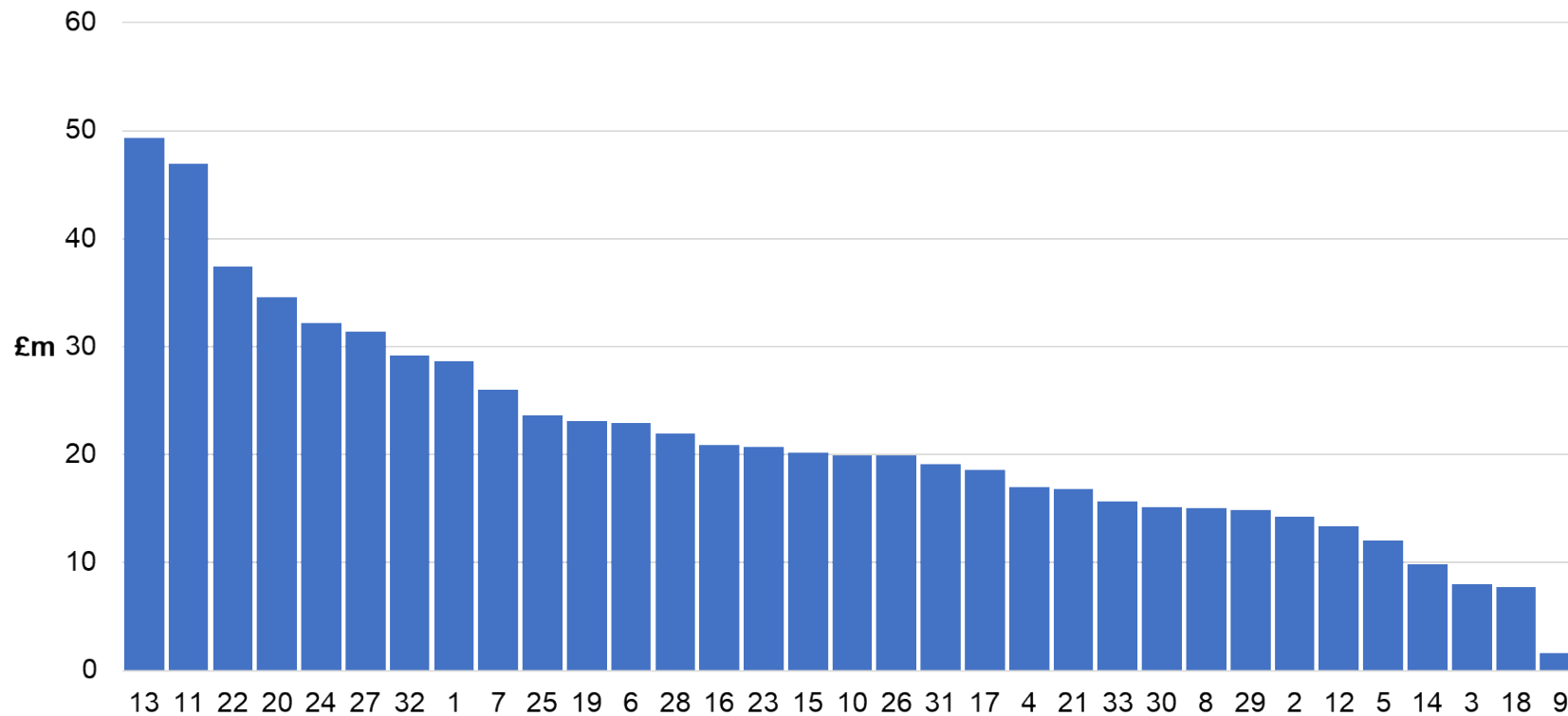
To conclude, we are very proud of the overall response of our local care home providers, their workforce, our partners and our staff in responding to and managing this crisis. The health and wellbeing of our residents is of paramount importance to us as we continue to respond to the ongoing crisis.

Yours sincerely

Ged Curran  
Chief Executive

## London local government is estimating to spend an additional £709m in 2020-21 as a result of COVID-19

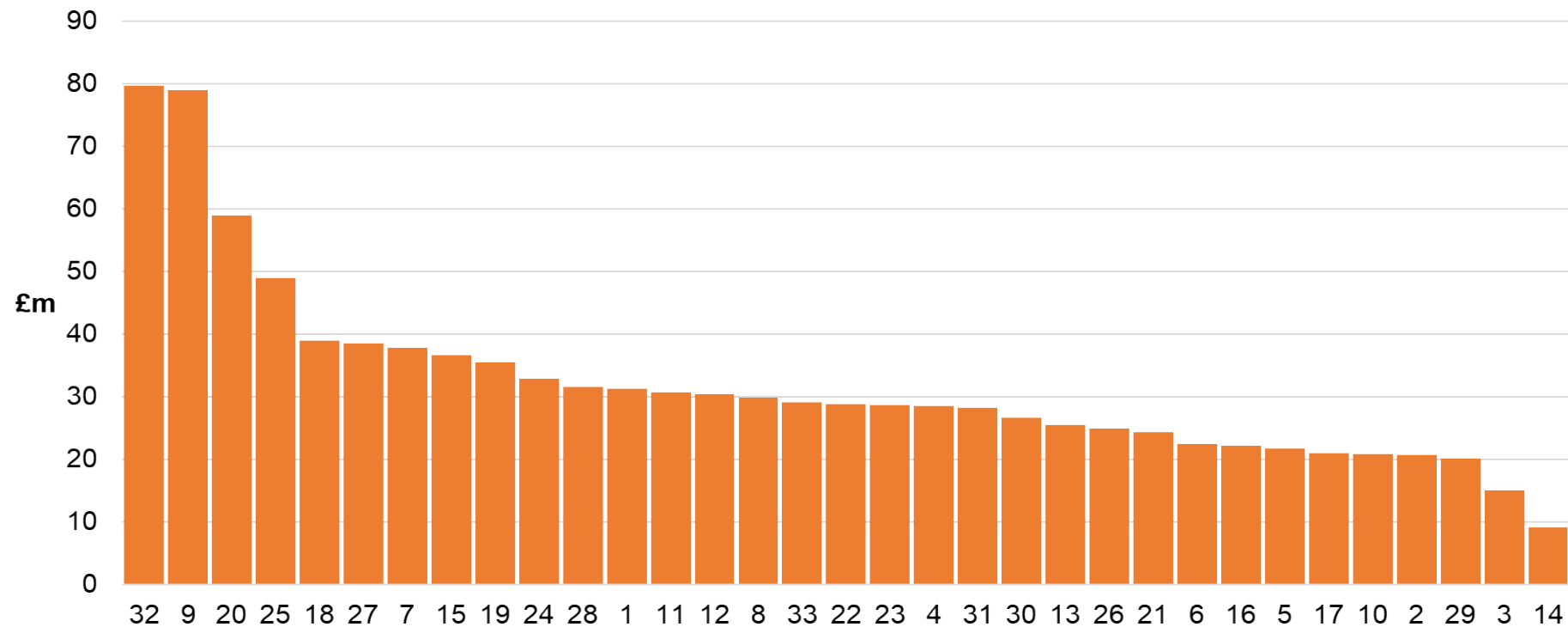
Estimated additional spending (£m) by borough - 2020-21



Source: MHCLG, May 2020

## London local government is forecasting lost income of around £1.1bn in 2020-21 as a result of COVID-19

Estimated lost income (£m) by borough - 2020-21



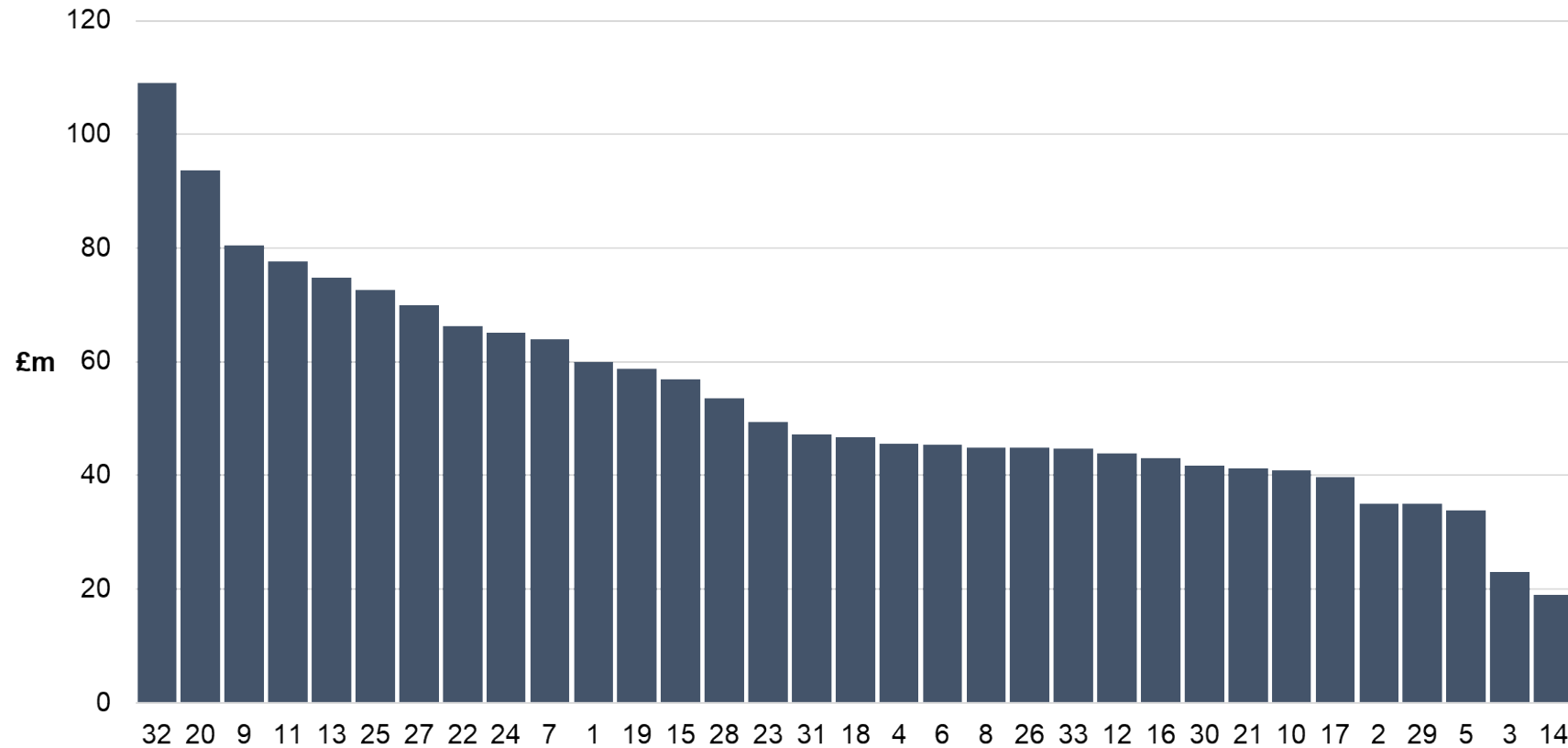
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NB – this includes the local (i.e. 30%) share of estimated business rates losses not covered by C19 related reliefs. The true impact on each borough will depend on the position of the London business rates pool.

Source: MHCLG, May 2020

**The total estimated financial impact of COVID-19 on London local government is estimated to be £1.8bn in 2020-21**

**Estimated total financial impact (£m) by borough - 2020-21**



Source: MHCLG, May 2020